

Nursing Home Emergency Preparedness Plan Survey

Complete the following survey as you review the emergency preparedness plan and return it along with all updates or revisions to the facility's emergency preparedness plan. This review survey does not take the place of the facility's emergency preparedness plan nor does it relieve a nursing home of the duties, responsibilities, and obligations set forth in any law, standard, rule, or regulation.

Guidance for Review Summary

- As provided for in R.S. 40:2009.25(A), all nursing homes located in the parishes of **Acadia, Ascension, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, and Vermilion**, are required to review and updated their emergency preparedness plan annually and submit a summary (this review) of the updated plan to the Department of Health and Hospitals, Bureau of Health Services Financing, emergency preparedness manager, by **March first of each year**.
- If the emergency preparedness plan is changed, modified, or amended by the nursing home during the year, a summary of the amended plan shall be submitted to the Department of Health and Hospitals, Bureau of Health Services Financing, emergency preparedness manager, **within thirty days** of the amendment or modification.
- This summary and review survey was developed in accordance with the guidelines of the Nursing Facility Licensing Standards for Emergency Preparedness (LAC 48:I.9729) and R.S. 40:2009.25. This survey does not take the place of the facility's emergency preparedness plan.
- Information from the facility's emergency preparedness plan shall be used to complete this survey.
- Information should be provided in short direct answers.
- **Do Not submit rosters of the residents or staff with this survey.** Do have these available in the plan.
- All information submitted in this survey shall come from the facility's **current and updated** emergency preparedness plan.
- Any information, plans or procedures that the facility's emergency preparedness plan is missing shall be added to the facility's plan.
- **All information submitted in this survey shall be current and correct.**
- Provide all requested information. Incomplete summaries will not be accepted.

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Directions for the Completion of Survey

1. Review and update the facility's emergency preparedness plan. Use the information from the facility's updated emergency preparedness plan to complete this survey.
2. Surveys that do not provide all requested information and responses will be considered incomplete. Incomplete surveys will not be accepted and a completed survey will be requested.
3. **Do Not send a copy of a previously submitted plan or survey.**
4. **Plans will not be accepted in place of a completed survey. If a plan was totally revised, submit it along with this completed survey.**
5. Keep all responses in this review brief. YES or NO responses may be used where appropriate. If response is bulky or lengthy, summarize the information and place full response in a labeled addendum or appendix and attach. Remember to reference that information and label documents.
6. Any plans details or information not included in the facility's current emergency preparedness plan will need to be addressed and added to the facility's emergency preparedness plan and submitted along with this completed survey by **March 1st**.
7. Copies of all current and currently verified contracts and agreements will need to be submitted.
8. All contracts or agreements including those that are ongoing or self renewing will need to be verified annually. This will require **all involved parties to sign and date** the verification.
9. Do not include outdated or un-verified contracts, agreements, or other documentation. Remember to remove these from your emergency plan.
10. Blank forms have been provided and shall be used as directed.
11. Facility will need to verify that a current emergency preparedness plan was submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) or that a summary of the updates to the previously provided plan was submitted.
12. Send a **completed** copy of this survey along with copies of all current contracts and agreements by **March 1st** to:

Department of Health and Hospitals

Health Standards Section

Nursing Home Emergency Preparedness Program Manager

mailing address:

P.O. Box 3767

Baton Rouge, LA 70821

physical address:

500 Laurel St., Suite 100

Baton Rouge, LA 70802

13. Facility should keep a completed copy for their records.
14. If there are any questions please contact:

Health Standards Section, Nursing Home Emergency Preparedness Manager

Malcolm Tietje

Phone: (225)342-2390 Fax: (225)342-0453 or Fax: (225)342-5292

E-Mail: Malcolm.Tietje@la.gov

Or

Health Standards Section, Nursing Home Administrative Program Specialist

Mary Veals

Phone: (225)342-3240 Fax: (225)342-0453 or Fax: (225)342-5292

E-Mail: Mary.Veals@la.gov

THIS IS NOT AN EMERGENCY PLAN

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For Year:

Facility Name (Print):

Name of Administrator (Print):

Administrator Emergency Contact Information:

Phone #: _____

Cell Phone #: _____

Administrator E-Mail: _____

Alternative Emergency Contact Information:

Name: _____

Position: _____

Phone #: _____

Cell Phone #: _____

Administrative E-Mail: _____

Physical or Geographic address of Facility (Print):

Longitude: _____ **Latitude:** _____

MAILING ADDRESS OF THE FACILITY (Print):

Phone #: _____

Fax #: _____

E-mail address: (Print): _____

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VERIFICATION of OHSEP SUBMITTAL for Year: _____

(Print Nursing Facility's Name)

The **EMERGENCY PREPAREDNESS PLAN** or **SUMMARY of UDATES** was submitted to the local parish **OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS**.

(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date updated plan submitted: _____

Attach a copy of the verification that plan was submitted to OHSEP

Circle or Answer Yes or No

YES or NO _____ -Did the local parish Office of Homeland Security and Emergency Preparedness give any recommendations?

YES or NO _____ -Did the facility address or respond to these recommendations?

Include any recommendations, or correspondence from OHSEP and facility's response with this review.

- ❖ If there was no response from the local/parish Office of Homeland Security and Emergency Preparedness; include a mail receipt or a signed receipt from the local/parish Office of Homeland Security and Emergency Preparedness as verification that it was sent or delivered to their office for the current year. Be sure to include date sent or delivered.

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I. **PURPOSE** – Using information from the facility's current plan provide the following information.

- A. Briefly, what are the facility's goals in regards to emergency planning?
- B. Briefly, how will the facility's plan enable the achievement of those goals?
- C. Determinations for sheltering in place or evacuation due to Hurricanes.
 - 1. Utilizing all current, available, and relevant information answer the following:
 - a) What is the **strongest** category of hurricane the facility can safely shelter in place for?
 - i. Category 1- winds 74 to 95 mph
 - ii. Category 2- winds 96 to 110 mph
 - iii. Category 3- winds 111 to 130 mph
 - iv. Category 4- winds 131 to 155 mph
 - v. Category 5- winds 156 mph and greater
 - b) At what time, **in hours or days** before the hurricane's arrival, will the decision to shelter in place have to be made **by facility?**
 - c) What is the **latest time, in hours or days** before the hurricanes arrival, that preparations will need to start in order to safely shelter in place?
 - d) Who (Title/Position) is responsible for making the decision to shelter in place?
 - 2. Utilizing all current, available, and relevant information answer the following:
 - a) What is the **weakest category** of hurricane the facility will have to evacuate for?
 - i. Category 1- winds 74 to 95 mph
 - ii. Category 2- winds 96 to 110 mph
 - iii. Category 3- winds 111 to 130 mph
 - iv. Category 4- winds 131 to 155 mph
 - v. Category 5- winds 156 mph and greater
 - b) At what time, **in hours or days** before the hurricanes arrival, will the decision to evacuate have to be made **by facility?**
 - c) What is the **latest time, in hours or days** before the hurricane's arrival, that preparations will need to start in order to safely evacuate? (include contract time restrictions)

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d) Who (Title/Position) is responsible for making the decision to evacuate?

II. SITUATION - Using information from the facility's current plan provide the following.

A. Facility Description(PRINT):

1. What year was the facility built?
2. How many floors does facility have?
3. Is building constructed to withstand hurricanes winds?
 - a) If yes, what is the highest category of hurricane or wind speed that building can withstand?
 - i. Category 1- winds 74 to 95 mph
 - ii. Category 2- winds 96 to 110 mph
 - iii. Category 3- winds 111 to 130 mph
 - iv. Category 4- winds 131 to 155 mph
 - v. Category 5- winds 156 mph and greater
 - b) What category of hurricane or wind speed will roof withstand?
 - i. Category 1- winds 74 to 95 mph
 - ii. Category 2- winds 96 to 110 mph
 - iii. Category 3- winds 111 to 130 mph
 - iv. Category 4- winds 131 to 155 mph
 - v. Category 5- winds 156 mph and greater
 - c) What is the source of information provided in a) and b) above?
 - d) Are the windows protected from wind and windblown debris?
 - e) If plan does not have information on the facility's wind speed ratings (wind loads) explain why.
4. Give the elevations (**in feet above sea level, use NAVD 88 if available**) of the following:
 - a) Building's lowest living space

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- b) air conditioner(HVAC)
 - c) generator(s)
 - d) lowest electrical service box(s)
 - e) fuel storage tanks, if applicable
 - f) private water well, if applicable
 - g) private sewer system and motor, if applicable
5. Does plan contain a current copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?(if not you will need to get this information)
- a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the (SLOSH) model?
 - b) If yes, what is the SLOSH predicted category of hurricane that will cause flooding?
6. What flood zone is building located in?
- a) What is the areas base flood elevation (BFE) if given in flood mapping?
 - b) Does the facility flood during or after heavy rains?
 - c) Does the facility flood when the water levels of nearby rivers, lakes, streams, or bayous rise?

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- d) Is facility protected from flooding by a levee or flood control system (levee, canal, pump)?
- 7. Have the areas of the building that are to be used for safe sheltering been identified? (If not yet identified this will need to be done.)
- 8. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards? (If not yet identified this will need to be done.)
- 9. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility? (If not yet identified this will need to be done.)
- 10. Emergency Generator
 - a) Is the generator(s) intended to be used to shelter in place during hurricanes?
 - b) What is the wattage(s) of the generator(s)? (If not identified this will need to be obtained)
 - c) What fuel(s) (natural gas, propane, gasoline, diesel, etc) does the generator(s) use? (If not yet identified this will need to be done.)
 - d) How many total hours would generator(s) run on the fuel supply always on hand? (If not yet identified this will need to be done.)
 - e) If generator is to be used for sheltering in place for a hurricane are there provisions for a seven day supply of fuel?
 - f) Will life sustaining devices that are electricity dependent be supplied by this generator?
 - g) Does generator provide for air conditioning?
 - i. If yes, is building fully cooled or partially cooled (if partial give what percent is cooled)?

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- ii. If air conditioning fails does the facility have procedures (specific actions and supplies) in place to prevent heat related medical conditions?
 - h) Does facility have a current list of what equipment is supplied by each generator? (If not yet identified this will need to be obtained)
11. Utility information – list all that apply
- a) Who supplies electricity to the facility?(supplier's name)
 - b) Who supplies water to the facility? (supplier's name)
 - c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? (company name)
 - d) Does plan have the emergency contact information for these providers? (Contact names, 24 hour emergency phone numbers)? (If not, this will need to be obtained)
12. Floor Plans
- a) Does plan have current legible floor plans of the facility? (If not, this will need to be done.)
 - b) Indicate if the following locations are marked, indicated or described on floor plan: (If not identified this will need to be done.)
 - i. Safe areas for sheltering (all hazards)
 - ii. Storage areas for supplies
 - iii. Emergency power outlets
 - iv. Emergency communication area

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- v. The location of emergency plan
 - vi. Emergency command post
- B. Operational Considerations - Using information from the facility's current plan provide the following:
- 1. Residents information
 - a) What is the facility's total number of state licensed beds?
 - b) What is the total current census of residents?
 - c) If the facility had to be evacuated today to the host facility(s) - answer the following using current resident census and their transportation requirements:
 - i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
 - ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.
 - iii. How many residents (GREEN) can only travel using **wheelchair accessible transportation**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.
 - iv. How many residents (GREEN) need no specialized transportation could go **by car, van, or bus**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

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- d) Indicate(Yes or NO) if each of the following is provided in the list(s) or roster(s) of current residents that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster** (If no, this will need to be obtained)
- i. Each resident's current and active diagnosis?
 - ii. Each resident's current list of medications including dosages and time administered?
 - iii. Each resident's allergies?
 - iv. Each resident's current dietary needs or restrictions?
 - v. Each resident's next of kin or responsible party and their contact information?
 - vi. Each resident's current transportation requirements? (advanced life support ambulance, basic ambulance, wheel chair accessible vehicle, car-van-bus)

2. Staff

- a) Indicate (YES or NO) if each of the following is provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster** (If no, this will need to be done.)
- i. Emergency contact information for all current staff?
 - ii. Acknowledgement of if they will work during emergency events, hurricanes or not?
- b) What is total number of planned staff and other non residents that will require facility transportation for an evacuation or need to be sheltered?

3. Transportation

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?

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- i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?
 - ii. Is all transportation air conditioned?
 - iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?
 - iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by? If yes what is that time?
- b) Indicate (Yes or No) if each contract or agreement for **NON-AMBULANCE** transportation contains the following information? *Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.*
- i. The complete name of the transportation provider?
 - ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
 - iii. The capacity (number of people) of each vehicle?
 - iv. Statement of if each vehicle is air conditioned?
 - v. Verification of facility ownership – copy vehicle's title or registration, if applicable?
- c) Copies of all contracts and agreements will need to be submitted.
- d) Each contract or agreement will need a contract/agreement cover page to be completed and attached. ***(blank form provided)***

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4. Host Site(s). If facility has more than 1 primary/alternate complete for each.
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
 - b) Provide the following information:(list only primary sites, if multiple sites list on a separate sheet of paper)
 - i. What is the name of the site(s)?
 - ii. What is the physical address of the host site(s)?
 - What is the distance to the host site(s)?
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
 - Does plan include map of route to be taken and written directions to host site?
 - iii. Who is the contact person at the host site(s)? Name, phone, email, fax
 - iv. What is the capacity (number of residents allowed) of each primary host site(s)? Is total adequate for all residents?
 - v. Is the site a currently licensed nursing home(s)?
 - vi. If primary host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?
 - What is host site currently being used for?

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- What is the square footage of the space to be used?
 - What is the age of the host facility(s)?
 - Is host facility(s) air conditioned?
 - What is the current physical condition of facility?
 - What are the provisions for food preparation and service?
 - What are the provisions for bathing and toilet accommodations?
 - Are any other facilities contracted to use this site?
- vii. Is the capacity of primary host site(s) adequate for staff or where will staff be housed if other than host site?
- viii. Is there a specified time or timeline (H-Hour) that host site will need to be notified by? If yes what is that time?
- c) Does the facility have current contracts or verified agreements for an **alternate or secondary** host site(s) outside of the area of primary risk?
- d) Provide the following information:(list only **alternate or secondary** sites, if multiple sites need to be listed use a separate sheet of paper)
- i. What is the name of the site(s)?
 - ii. What is the physical address of the host site(s)?

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- What is the distance to the host site(s)?
- Is the host site(s) located outside of the parishes identified as hurricane risk areas?
- Does plan include map of route to be taken and written directions to host site?
- iii. Who is the contact person at the alternate host site(s)? Name, phone, email, fax
- iv. What is the capacity (number of residents allowed) of each alternate host site(s)? Is total adequate for all residents?
- v. Is the alternate site a currently licensed nursing home(s)?
- vi. If host site is **not a licensed nursing home** provide a description of host site(s) including;
 - What type of facility it is?
 - What is host site currently being used for?
 - What is the square footage of the space to be used?
 - What is the age of the host facility(s)?
 - Is host facility(s) air conditioned?
 - What is the current physical condition of facility(s)?
 - Are the provisions for food preparation and service adequate?

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- Are the provisions for bathing and toilet accommodations adequate?
 - Are any other facilities contracted to use this site?
 - vii. Is the capacity of alternate host site(s) adequate for staff? Where will staff be housed if other than host site?
 - viii. Is there a specified time or timeline (H-Hour) that alternate host site will need to be notified by? If yes what is that time?
 - e) Copies of all contracts and agreements will need to be submitted.
 - f) Each contract or agreement will need a completed cover page attached. **(blank form provided)**
5. Non-perishable food or nourishment – for sheltering in place or for host site(s)
- NOTE: A nursing facility shall be considered sheltering in place if the facility elects to stay in place rather than evacuate when an executive order or proclamation of emergency or disaster is issued for the parish in which the facility is located pursuant to R.S. 29:724.***
- a) Does facility have – on site - a seven day supply of non-perishable food/nourishment that meets all resident's needs?
 - b) If no, Provide the following:
 - i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?
 - ii. Does contract contain the following?
 - name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
 - iii. Copies of all contracts and agreements will need to be submitted.
 - iv. Each contract or agreement will need a contract/agreement cover page to be completed and attached. **(blank form provided)**

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c) If evacuating, does facility have provisions for food/nourishment supplies at host site(s)?

d) Is there a means to prepare and serve food/nourishment at host site(s)?

6. Drinking Water or fluids – for sheltering in place – one gallon per day per resident.

NOTE: A nursing facility shall be considered sheltering in place if the facility elects to stay in place rather than evacuate when an executive order or proclamation of emergency or disaster is issued for the parish in which the facility is located pursuant to R.S. 29:724.

a) Does facility have – on site - a seven day supply of drinking water or fluids all resident's needs?

b) If no, provide the following:

i. Does facility have a current or currently verified contract to have a seven day supply of drinking water or fluids delivered prior to a foreseeable emergency event?

ii. What is the name of supplier?

iii. Is there a specified time or timeline (H-Hour) that the supplier will need to be notified by? If yes what is that time?

iv. Copies of all contracts and agreements will need to be submitted.

v. Each contract or agreement will need a contract/agreement cover page to be completed and attached. ***(blank form provided)***

c) Does facility have a supply of non potable water for needs other than drinking?

7. Medications- for sheltering in place or for host site(s)

NOTE: A nursing facility shall be considered sheltering in place if the facility elects to stay in place rather than evacuate when an executive order or proclamation of emergency or disaster is issued for the parish in which the facility is located pursuant to R.S. 29:724.

a) Does facility have – on site - a seven day supply of medications for all resident's needs?

b) If no, provide the following:

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- i. Does facility have a current or currently verified contract to have a seven day supply of medications delivered prior to a foreseeable emergency event?
 - ii. Does contract contain the following?
 - name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
 - iii. Is there a specified time or timeline (H-Hour) that the supplier will need to be notified by? If yes what is that time?
 - iv. Copies of all contracts and agreements will need to be submitted.
 - v. Each contract or agreement will need a contract/agreement cover page to be completed and attached. **(blank form provided)**
- c) If evacuating, does facility have provisions for medications at host site(s)?
8. Medical, Personal Hygiene, and Sanitary Supplies – for sheltering in place or for host site(s)
- a) Does facility have –on site- medical, personal hygiene, and sanitary supplies to last seven days for all resident's needs?
 - b) If no, provide the following:
 - i. Does facility have a current or currently verified contract to have a seven day supply of medical, personal hygiene, and sanitary goods delivered prior to a foreseeable emergency event?
 - ii. Does contract contain the following?
 - name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
 - iii. Is there a specified time or timeline (H-Hour) that the supplier will need to be notified by? If yes what is that time?

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- iv. Copies of all contracts and agreements will need to be submitted.
 - v. Each contract or agreement will need a contract/agreement cover page to be completed and attached. **(blank form provided)**
- c) If evacuating, does facility have provisions for medical, personal hygiene, and sanitary supplies at host site(s)?

9. Communications - all hazards

a) Monitoring Alerts. Provide the following:

- i. What equipment does facility use to monitor emergency broadcasts and alerts?
- ii. Is there back up or alternate equipment used and what is it?
- iii. Is the equipment tested?
- iv. How is the equipment powered?
- v. How will facility monitor emergency broadcasts at evacuation site?

b) Communicating with emergency services and authorities. Provide the following:

- i. What equipment does facility have to communicate during emergencies?
- ii. Is there back up or alternate equipment used and what is it?
- iii. Is the equipment tested?
- iv. How is the equipment powered?
- v. How will facility communicate with emergency services and authorities from evacuation site(s)?

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C. All Hazard Analysis

1. Indicate (YES or NO) if the facility has identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, missing residents, utility (water/electrical) outages, flooding, and chemical or biological releases? (If not yet identified this will need to be done.)

III. **CONCEPT OF OPERATIONS** – Indicate (YES or NO) where appropriate or provide the requested information. Any plans that have not been provided for in emergency preparedness plan will need to be addressed.

A. Plans for sheltering in place

1. Does facility have written viable plans for sheltering in place during emergencies?
 - a) If yes does the plan for sheltering in place take into account all known limitations of the facility to withstand flooding and wind? (This includes any undeterminable limits as well)
 - b) Does the plan for sheltering in place take into account all requirements (if any) by the local Office of Homeland Security and Emergency Preparedness?
2. Does facility have written viable plans for adequate staffing when sheltering in place?
3. Does facility have written viable plans for sufficient supplies to be on site prior to an emergency event which will enable it to be totally self-sufficient for seven days? (potable and non-potable water, food, fuel, medications, medical, personal hygiene, sanitary, repair, etc)
4. Does facility have communication plans for sheltering in place?
 - a) Does facility have written viable plans for contacting staff pre event?
 - b) Does facility have written viable plans for notifying resident's responsible party before emergency event?
 - c) Does facility have written viable plans for monitoring emergency alerts and broadcasts before, during, and after event?

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- d) Does facility have written viable plans for receiving information from emergency services and authorities before, during, and after event?
- e) Does facility have written viable plans for contacting emergency services and authorities before, during, and after event?
- 5. Does facility have written viable plans for providing emergency medical care if needed while sheltering in place?
- 6. Does facility have written viable plans for the preparation and service of meals while sheltering?
- 7. Does facility have written viable plans for repairing damages to the facility incurred during the emergency?
- B. Plans for Evacuation
 - 1. Does facility have written viable plans for adequate transportation for transporting all residents to the evacuation host site(s)?
 - a) Does facility have written viable plans for adequate staffing for the loading of residents and supplies for travel to evacuation host site(s)?
 - b) Does facility have written viable plans for adequate staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services during all phases of the evacuation?
 - c) Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site(s)?
 - 2. Does facility have written viable plans for adequate transportation for the return of all residents to the facility?

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- a) Does facility have written viable plans for staffing to load residents and supplies at the shelter site for the return to facility?
 - b) Does facility have written viable plans for staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services provided during the return to facility?
 - c) Does facility have written viable plans for staffing for the unloading of residents and supplies after return to facility?
3. Does facility have written viable plans for the management of staff, including provisions for adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation host site(s)?
4. Does facility have written viable plans to have sufficient supplies – to be totally self sufficient - at or delivered to the evacuation host site(s) prior to or to coincide with arrival of residents?(potable and non-potable water, food, fuel, medications, medical goods, personal hygiene, sanitary, clothes, bedding, linens, etc)
5. Does facility have written viable plans for communication during evacuation?
- a) Does facility have written viable plans for contacting host site prior to evacuation?
 - b) Does facility have written viable plans for contacting staff before an emergency event?
 - c) Does facility have written viable plans for notifying resident's responsible party - pre event- of intentions to evacuate?
 - d) Does facility have written viable plans for monitoring emergency alerts and broadcasts - while at host site- before, during, and after event?

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- e) Does facility have written viable plans for receiving information from and contacting emergency services and authorities –while at host site- before, during and after event?
 - f) Does facility have written viable plans for the need to remain at an unlicensed evacuation shelter site for more than five days?
6. Does facility have written viable plans to provide emergency medical care if needed while at evacuation site(s)?
- C. Does facility have written viable plans for all identified potential hazards?
- D. Does facility have written viable plans for communicating during all emergencies?
- 1. Does facility have written viable plans for immediately providing written notification by hand delivery, facsimile or email of the nursing home's decision to either shelter in place or evacuate due to any emergency to the Health Standards Section of the Department of Health and Hospitals?
 - 2. Does plan include providing the following information?
 - a) Is it a full facility evacuation, partial facility evacuation or shelter in place?
 - b) The date(s) and approximate time(s) of full or partial evacuation?
 - c) The names and locations of all host site(s)?
 - d) The emergency contact information for the person in charge of evacuated residents at each host site(s)?
 - e) The names of all residents being evacuated and the location each resident is going to?

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- f) A plan to notify Health Standards Section within 48 hours of any deviations or changes from original notification?
- 3. Does facility have written viable plans for receiving and sending emergency information during emergencies?
- 4. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?
- 5. Does facility have written viable plans for notifying authorities of decision to shelter in place or evacuate?
- 6. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?
- E. Does facility have written viable plans for entering all required information into the Health Standards Section's (HSS) emergency preparedness webpage?
- F. Does facility have written viable plans for triaging residents according to their transportation needs?

IV. ORGANIZATION AND RESPONSIBILITIES - Provide the following :

- A. Who is responsible for the decision to shelter in place or evacuate? **Provide Name Position and emergency contact information?**
- B. Who is the backup for responsible person or second in line? **Provide Name Position and emergency contact information?**
- C. Who will be in charge when sheltering in place? **Provide Name Position and emergency contact information?**

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- D. Who will be backup person or second in line when sheltering in place? **Provide Name Position and emergency contact information?**
- E. Who will be in charge at each evacuation host site(s)? **Provide Name Position and emergency contact information?**
- F. Who has been (**by position or title**) designated or assigned to the following required duties?
1. Title or position of person(s) assigned to notify the responsible party of each resident of the following information within 24 hours of the decision:
 - a) If facility is going to shelter in place or evacuate.
 - b) The date and approximate time that the facility is evacuating.
 - c) The name, address, and all contact information of the evacuation site.
 - d) An emergency telephone number for responsible party to call for information.
 2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate.
 3. Title or position of person(s) assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times?
 - a) Resident's identification.
 - b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
 4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
 - a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.

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5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?

V. Administration & Logistics

Annexes or tabbed sections that contain only current information pertinent to planning and the plan but are too cumbersome for the body of the plan; maps, forms, agreements or contracts, rosters, lists, floor plans, contact information, etc. These items can be placed here.

Blank forms provided include the following:

- Cover page of this document is Page 1 of the documentation to be submitted
- OHSEP Verification is Page 2 of the documentation to be submitted
- Transportation contract or agreement cover page, to be attached to each
- Evacuation host site contract or agreement cover page, to be attached to each
- Supply Cover sheets to be used for:
 - Non-perishable food/nourishment contract or agreement cover page, to be attached to each
 - Drinking water contract or agreement cover page, to be attached to each
 - Medication contract or agreement cover page, to be attached to each
 - Miscellaneous contract or agreement for supplies or resources that do not have a specific cover page, to be attached to each
- Authentication page, last page of document to be submitted and Facility's Plan

VI. Plan Development and Maintenance

- A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?
- B. If not, was there an attempt by facility to work with the local Office of Homeland Security and Emergency Preparedness?
- C. During the review of the facility's emergency preparedness plan were the following steps taken?
 1. Were all out dated or non essential information and material removed?
 2. Were all contracts or agreements updated, renewed or verified and cover sheets completed?
 3. Was all emergency contact information for suppliers, services, and resources updated?

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4. Was all missing information obtained added to plan and the planning revised to reflect new information?
5. Were all updates, amendments, modifications or changes to the nursing facility's emergency preparedness plan submitted to the Health Standards Section along with this survey?

VII. Authentication

The plan should be signed and dated by the responsible party(s) each year or as changes, modifications, or updates are made. A copy of that **Authentication page** shall be included with this survey. ***(Blank form provided)***

If there is a change of responsible party(s) (administrator, etc) plan needs to be updated to reflect this change page resigned and copy submitted to Health Standards Section.

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TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Contact Person: _____

Phone # of Contact Person: _____

Physical Address of transportation provider:

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

How long will it take the transportation to reach the facility after being contacted?

How long will the facility need to load residents and supplies onto the transportation?

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

Total number of transport vehicles to be provided: _____

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

Is the transportation air conditioned? _____

IF facility owned attach verification.

Date of agreement/contract/verification: _____

Date agreement/ contract ends: _____

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EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

Contact Person: _____

Phone # of Contact Person: _____ **FAX#:** _____

E-Mail Address: _____

Physical Address of evacuation site:

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

How long will it take to reach the evacuation host site facility?

How long will it take to unload residents and supplies from the transportation?

Type of evacuation host site:

Is it the **PRIMARY** or **ALTERNATE** site? _____

Is it a **LICENSED Nursing Home** or **NON-LICENSED FACILITY**? _____

Total number of residents and staff that facility is willing to host: _____

Is the evacuation host site air conditioned? _____

Date of agreement/contract/verification: _____

Date agreement/contract ends: _____

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SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: _____

Name of Supplier:

Contact Person: _____

Phone # of Contact Person: _____ **FAX#:** _____

E-Mail Address: _____

Indicate if supplies are to be delivered to;

The Evacuation host site or the Nursing home's licensed facility?

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

How long will it take to receive the delivery?

Date of agreement/contract/verification: _____

Date agreement/contract ends: _____

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AUTHENTICATION

Facility Name (Print):

The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was developed to provide for the health, safety, and wellbeing of all residents. I (current/acting administrator) have read and agree that the information used and included in the facility's emergency preparedness plan is current, valid, and reliable.

Effective Date: _____

Facility Administrator Name (PRINT): _____

Facility Administrator Signature: _____

Comments: